

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018433
STATE FILE NUMBER
2665

FILED JUN 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WAINUT NURSING HOME 3522 WALNUT STREET		Length of stay in lb 40 YEARS	d. STREET ADDRESS (If outside, give location) 3522 WALNUT ST.
3. NAME OF DECEASED (Type or print) First Middle Last MARTHA W POINDEXTER		4. DATE OF DEATH Month Day Year MAY 23, 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 12, 1870
9. AGE (In years ^{IF UNDER 1 YEAR} _{last birthday}) 25 87		IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER AT HOME		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME THOMAS B. MCCORMICK		13b. MOTHER'S MAIDEN NAME MARY F. —	14. NAME OF HUSBAND OR WIFE LOUIS POINDEXTER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address SARAH J. KOONTZ, 8114 OLIVE ST. K. C. MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aortic stenosis DUE TO (b) Arteriosclerosis DUE TO (c) Cerebral embolism - * general debility			INTERVAL BETWEEN ONSET AND DEATH 5 yrs 8 yrs 4211
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 8/21/56 to 5/22/58 and last saw her alive on May 16, 1958 Death occurred at 2:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James W. Graham M.D.		22b. ADDRESS 518 Argyle Bldg. K C Mo	22c. DATE SIGNED 5/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 26, 1958	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331. BUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 5-26-58
26. REGISTRAR'S SIGNATURE Neva Minshall			

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
James W. Graham

All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Marvin D. Preston*

Licensed Embalmer No. *5040*

P. O. Address *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.